The Wessex School of Anaesthesia

Prospectus – July 2009

Introduction

The School was formed in 1995 to co-ordinate the training of anaesthetists in the Wessex Deanery. Geographically, it now covers Portsmouth, Southampton, Poole and Bournemouth, Dorchester, Salisbury, Winchester, Basingstoke and the Isle of Wight. One rotation is linked to Jersey. There are no anaesthetic trainees in the Isle of Wight.

The previous association of the Severn Institute and Wessex Institute under the umbrella of the Severn & Wessex Deanery no longer exists and a separate Wessex Deanery has been re-formed. As a result of the establishment of NHS Education South Central (geographically aligned with the South Central Strategic Health Authority) the Wessex Deanery is now more closely linked with Oxford Deanery (www.nesc.nhs.uk/).

Administration of the School

Following the introduction of the MMC programme the structure and organisation of all the postgraduate schools in Wessex is being developed. The Head of School has recently been appointed and an executive Anaesthetic School Board ensures that training conforms to the pattern required by the Royal College of Anaesthetists (RCA) and the Deanery and to implement it locally. At the moment, membership of the School Board includes the Head of School, the Regional Adviser, Deputy Regional Adviser, the RAs for ICM and Pain Management, the Anaesthetic Programme Directors, a Consultant representing the small hospitals, a Military Consultant and a Trainee representative. A larger training committee (the STC) also includes the College Tutors meets 3 times per year.
The School also liaises with the Armed Forces Anaesthetic Training Scheme. The Portsmouth Hospitals have now become the MDHU in Wessex.

Speciality Registrars (ST) years 1 and 2.

Recruitment to all Uk anaesthetic training programmes is currently under review but from 2009 is likely to be by national application and Deanery-based interviews. The criteria and person specifications for entry to the different levels of training are also available on the RCA website (www.rcoa.ac.uk/).

At present, trainees can enter anaesthetic training via 2 routes, either via core training (CT1 and 2) or via Acute Core Common Stem training (www.accsuk.org.uk). After completion of core training or ACCS, trainees must apply competitively for speciality training (ACCS trainees enter ST2 and “core” anaesthetic trainees enter at ST3 level).

The curriculum of the anaesthetic competency based programme has been formally approved by PMETB. There are important changes to the regulations about the FRCA examinations that can be accessed via the RCA website. The format for the first 2 years of training is clearly outlined in the CCT in Anaesthetics Parts I and II (which can be downloaded). ACCS trainees with 6 months in each of the 4 sub-specialities will necessarily have done 18 and not 21 months in anaesthetics. Primary FRCA and evidence of satisfactory progression (achievement of the necessary competences) are required for progression to ST training. It is expected that all trainees will have annual ARCPs (Specialty Registrars - STs) or RITAs (Specialist Registrars – SpRs) - see below.

Courses for all parts of the FRCA exam are run by the Wessex Courses Centre (www.nesc.nhs.uk/courses_conferences/nesc_courses_centre.aspx) and are available for all trainees in anaesthesia in the region.
The second round of the 2009 recruitment to anaesthetics is underway. Details of the 2010 recruitment process and timetable have not been released. At the moment, in Wessex, successful applicants start in August, December and April but this may change. CT1 trainees usually start in small hospitals in Wessex and, subject to satisfactory progress will move to larger hospitals (Portsmouth, Poole & Bournemouth or Southampton) for CT2 training. We have about 18 posts in each year of training level. ST3 – ST7 training remain broadly similar to the previous arrangements in Wessex. ST3 and ST4 posts are distributed between either Portsmouth or Poole & Bournemouth and Southampton (1 year in each hospital). The ST5 year is normally spent at a small DGH and the final 2 years of training (ST6 & 7) arranged according training needs but principally between Portsmouth, Poole & Bournemouth and Southampton (with options for off-rotation training). All, of course subject to satisfactory progress.

**Intensive Care Medicine (ICM):** All of the Intensive Care Units in Wessex are approved for training. During CT1 and 2, a period of 3 months ICM training is mandatory and in Wessex this is usually arranged in CT1. Any additional time spent in ICM cannot be “carried over” to ST training. A further 6 months of ICM training is required during ST3-5 and in Wessex this is usually done in 2 separate 3 month blocks. Any further time spent in ICM should not be at the expense of the Anaesthesia training At the moment the only route of entry to ICM training leading to a dual CCT is through Acute Care Common Stem training (ACCS) as this is the only way to obtain training in the complementary specialities (see below).

**Acute Care Common Stem Training (ACCS):** In Wessex these currently consist of 2 year rotations consisting of 6 months each of Acute Medicine, Emergency Medicine, Intensive Care Medicine and Anaesthetics. Entry to these posts is by competitive selection. ACCS trainees are based in Southampton, Portsmouth and Poole/Bournemouth for their first 2 years of training. If anaesthesia is the declared base speciality the trainee will enter RTT at ST2 (by competitive selection).
Appraisal: All trainees are allocated an educational supervisor and each department have active appraisal and assessment systems in place.

Study Leave. For each trainee, there is an annual budget for study leave. At present the Regional FRCA courses organised by the Wessex Courses Centre are free to Wessex trainees.

Competency Based Training and Assessment. All trainees are required to undergo competency-based training and assessment. The Royal College of Anaesthetists (www.rcoa.ac.uk) has published comprehensive training guides which should be read thoroughly. The new assessment tools (ACEX, DOPS, CbD and MSF) have been introduced through to ST3-4 level.

Training Records. All trainees are expected to maintain a logbook of their clinical activities which conforms to the patterns laid down by the College. Trainees must also maintain a record of their other activities including an account of their use of study leave.

Registration with the College. It is essential that all trainees register with the Royal College of Anaesthetists. There is no fee for the initial year.

Speciality training: ST years 3 – 7.

With uncoupling, entry to ST3 training is now by competitive entry. For trainees accepted onto run-through programmes (2007 entry) it will be subject to satisfactory progress at ARCPs/RITAs. ST3 training will be spent in either Portsmouth or Poole and Bournemouth, with ST4 training in Southampton (or vice-versa). The ST5 year will usually spent in one of the following District General Hospitals (DGHs): Basingstoke, Jersey, Salisbury, West Dorset and Winchester. The training provided in the smaller units is highly valued and will remain an important component of the training scheme.

The placement of trainees during their sixth and seventh years of training is distributed between Southampton, Portsmouth and Poole/Bournemouth although some time may be spent in the smaller DGHs. At least 2 of the last 3 years must be undertaken in the UK and subspecialty training will be available. During the ST5 year, a programme for the final 2 years of training will be agreed between the trainee and the Programme
Director. As far as possible, the wishes of the trainee for specialised work will be respected.

Time taken out of school but within the programme in the UK or abroad, is called off-rotation training (ORT) and is limited to a maximum of 12 months. In Wessex it is also restricted (with a limited amount of flexibility) to the last two years of the 7 year programme. The final arrangements for such secondments need to have been completed at least 12 months in advance. College regulations stipulate that a trainee must spend the final 6 months prior to obtaining CCT in the UK. Applications (via the Programme Director) must be submitted to the Postgraduate Dean and the Royal College of Anaesthetists and submitted to PMETB for final approval. Planning ahead is essential as this process can take up to 6 months.

The Wessex School has a number of established overseas contacts. Further information is available from the Programme Director.

Intensive Care Medicine (ICM) – and the dual CCT.
Opportunities for training in ICM are available within the anaesthetic training programme. The basic structure of ICM training during ST1/2 and ST3-5 is identical to that of the anaesthetic run-through programme. Slots of 12 months duration leading to a CCT in ICM (in years 6 and 7) are available in Portsmouth and Southampton. There is a separate Programme Director and Regional Adviser in ICM who organise this training in close liaison with the Anaesthetic TPD.

Appraisal, Assessment and the ARCP/RITA process. The progress of trainees is monitored by local appraisal throughout each hospital attachment. In addition, at the end of each year an assessment report is provided to feed the ARCP (Annual Review of Competency Progression) or RITA (Record of In-Service Training Assessment) which are performed by School representatives. Face to face ARCPs and RITAs normally take place at Southern House, Otterbourne. Trainees are informed of the date of their forthcoming ARCP/RITA date by the Programme Director well in advance. A calendar of ARCP/RITA dates is available on a restricted area on the school website. An ARCP or
RITA is not an assessment in itself but a record of the most recent assessments performed locally. It also covers the work performed in the year, an inspection of the logbook, a record of academic progress and professional development in general. A more detailed explanation of the ARCP/RITA process is available on the school website. All new entrants to the training program are expected to attend the ARCP workshop held twice a year.

Trainees are advised to maintain a **Personal Portfolio** (which can be, but does not have to be according the format laid down by the Royal College of Anaesthetists) and downloadable from the RCA website ([www.rcoa.ac.uk](http://www.rcoa.ac.uk)) which should be brought to the ARCP/RITA. Accurate details of the training modules they have undertaken should also be kept. For most trainees, acquisition of the Primary or Final FRCA remains the main educational goal during the first years of CT training (CT1-2 for Primary and ST3-4 for Final) and there are regular protected time teaching sessions directed at this. Post-fellowship STs may, at the discretion of their educational supervisor be given study time starting at half a day per week (during term time) *if* “there is a definite project to do”. In ST years 5,6&7 this rises to 30 days per year (see below under “study leave”). Trainees should maintain a detailed **“Continuing Professional Development Diary”** of the various educational activities (including research) in which they have participated. The ARCP/RITA is also a useful opportunity to make plans for the subsequent year or years.

*The RITA (or ARCP) process is considered an extremely serious part of the training programme overall.* The final ARCP/RITA is conducted within three months of the proposed accreditation date. Failure to satisfy the ARCP/RITA panel, or to provide a logbook or diary of activities at the ARCP/RITA can lead to a recommendation that the year, or part of it, be repeated and that progress to the subsequent year(s) be stopped. This should happen rarely: problems should be identified in-house well before an ARCP/RITA. Trainees dissatisfied with an ARCP or RITA outcome may appeal to the Postgraduate Dean. The “Gold Guide” (A guide to Postgraduate Specialty Training in the UK) published on the MMC website is a very useful source of information – it is essential reading for all trainees ([www.mmc.nhs.uk](http://www.mmc.nhs.uk/)).
The final 2 years of training. The various sub-speciality groups have drawn up recommendations for the duration and content of sub-specialist training which will become familiar to trainees during the early ST years. The Programme Director has a list of modules available for sub-speciality training in obstetrics, intensive care medicine, pain relief, paediatrics, neurosurgery and cardiothoracic surgery as well as more general duties. Trainees should discuss their aims with their Educational Supervisor/College Tutor and final plans should be drawn up with the Programme Director early on during the ST5 year. Management training should be obtained during the final two years of ST training although there is an introductory course that should be done earlier in training – information is available on the Wessex Courses Centre website.

Off Rotation Training (ORT): A year out of the School (but in programme) needs careful advance planning (see above). Trainees who wish to undertake ORT must apply prospectively to the RCA and the Postgraduate Dean. Application forms are available from the Programme Director or on the school website. Definite plans agreed with the Programme Director must be in place at least 12 months in advance. Trainees taking a year out need to request a formal written assessment from their (overseas) supervisors at the end of such a year to present at their next ARCP/RITA assessments.

Out of Programme Experience. The 7 year ST programme is a minimum requirement. A trainee may request to take time out of programme for further training or research. Applications must be made in advance and will be considered on an individual basis. Permission is granted only in exceptional circumstances.

Less than full time training LTFTT (previously known as flexible training). Applications to train flexibly should be made to the Training Programme Director and the Deanery. Funding for LTFTT is very limited and there may be a waiting list to start LTFTT. Slot sharing is usually necessary. Occasionally, a single LTFT trainee may occupy a full-time slot. It is accepted that LTFT trainees may be limited geographically and although the
training content of posts must conform to RCA requirements, this will be taken into consideration when allocating placements.

**The Period of Grace.** Following the award of CCT there is a six month period of grace during which a trainee may be asked to rotate to any hospital in the Region. After the period of grace the NTN is reclaimed.

**Study Leave Allowance.** At present, ST1-4s are allowed 30 days per annum to include 30 half days protected teaching and 15 days leave to attend courses. ST5-7s are allowed 30 days per year to include 10 days per annum to attend appropriate external courses/conferences. The use of study leave to obtain additional clinical training is a legitimate use of that time and is encouraged. A record of research and educational activities must be kept (a blank CPD diary is downloadable from the school website). Applications to Postgraduate Directors of Medical Education for study leave will only be considered when accompanied by a training agreement.

**Sources of Advice**

*The Regional Adviser*  
Dr P Spargo; Southampton

*Head of School*  
Dr P Spargo

& Chair of School Board

*Deputy RA*  
Dr J Nightingale, Portsmouth

*and Education Co-ordinator*

*Defence Consultant Adviser*  
Surgeon Commander David Hett

*In Anaesthesia*  
Southampton

*Chairman, STC*  
Dr P Spargo

*ST3+ Programme Director*  
Dr Ian Mettam, Southampton

*CT1/2 Programme Director*  
Dr Kathy Torlot, Portsmouth

*Regional Adviser in Intensive Care*  
Dr K Nolan, Southampton

*Programme Director in ICM*  
Dr Gordon Craig, Portsmouth

*Regional Adviser in Chronic Pain*  
Dr R Summerfield, Winchester
(revised February 2008)

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<thead>
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<th>Role</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Consultant with special responsibility for less than full time training</td>
<td>Dr Delia Hopkins, Southampton</td>
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<td>Representative from a small DGH</td>
<td>Dr Julie Onslow, Salisbury</td>
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<td>Postgraduate Dean of the Wessex Deanery</td>
<td>Dr Vicky Osgood, Southern House, Otterbourne</td>
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<td>Speciality Manager</td>
<td>Ms Karen McCarthy, Southern House, Otterbourne</td>
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<td>Recruitment &amp; Assessment Administrator</td>
<td>Ben Fleat, Southern House, Otterbourne</td>
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